



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

09-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

760463

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield and driver's side door) 9BWGT61J114042709	Vehicle Make VOLKSWAGEN	Vehicle Model GOLF	Vehicle Year 2001	Current Odometer Reading
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Purchase Date 01-APR-2001	Dealer's Name _____	Engine Size (CID/CC/L 115 HP)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 5	Date(s) of Failure(s) 01-JUN-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 1291		
	Vehicle Speed at Failure(s) 0		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

1ST INCIDENT IN 6/2001. ABS LIGHTS ON. SENT TO DEALERSHIP FOR SERVICING. INDICATED THERE WAS NO INTERNAL MALFUNCTIONING. CHECKED THE SYSTEM AND CLEARED THE FAULT. BLED THE ABS SYSTEM. DURING 1ST SERVICE, ALSO COMMUNICATED GRINDING NOISE WHEN TURNING STEERING WHEEL. DEALERSHIP FOUND BAD SPIRAL SPRING. CAR SENT BACK TO DEALERSHIP FOR 2ND TIME ON 6/15/01. ABS LIGHTS ON AGAIN. DEALERSHIP INDICATED NO COMMUNICATION IN DATA BUS CIRCUIT SPORADIC. FAULT IN ENGINE. IMMOBILIZER AND GATEWAY NO COMMUNICATION WITH ABS. CHECKED DATA LINK RESISTER VALUE IN ENGINE ECU WITH BREAK OUT BOX. ORDERED INSTRUMENT CLUSTER & REPLACED CLUSTER. CLEARED FAULTS. 3RD INCIDENT ON 6/20/01. ABS AND BRAKE LIGHTS WENT ON A

CONTINUE ON REVERSE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.